

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28848

1. PLACE OF DEATH

County Dunklin
Township Independence
City Independence (No. 54)

Registration District No. 288
Primary Registration District No. 4470

File No. 28848
Registered No. 54 St. 54 Ward 54

2. FULL NAME

(a) Residence, No. Dorothy Mae Mason St. 54 Ward 54
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1930

7. AGE YEARS 4 MONTHS - DAYS 12 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

13. NAME R. J. Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville Mo

15. MAIDEN NAME Mae Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT (ADDRESS) R. J. Mason

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisville Mo DATE Aug 3 1934

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home

20. FILED Aug 13 1934 Thurman Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Aug 2 1934

I last saw him alive on Aug 2 1934 Death is said to have occurred on the date stated above, at 11:59 a.m.

The principal cause of death and related causes of importance were as follows:

Mumps
(acute - spinal)
18
Date of onset known

Other contributory causes of importance:

Name of operation Operation Date of 1934

What test confirmed diagnosis? 1 Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 1 Date of injury 1934

Where did injury occur? 1 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1

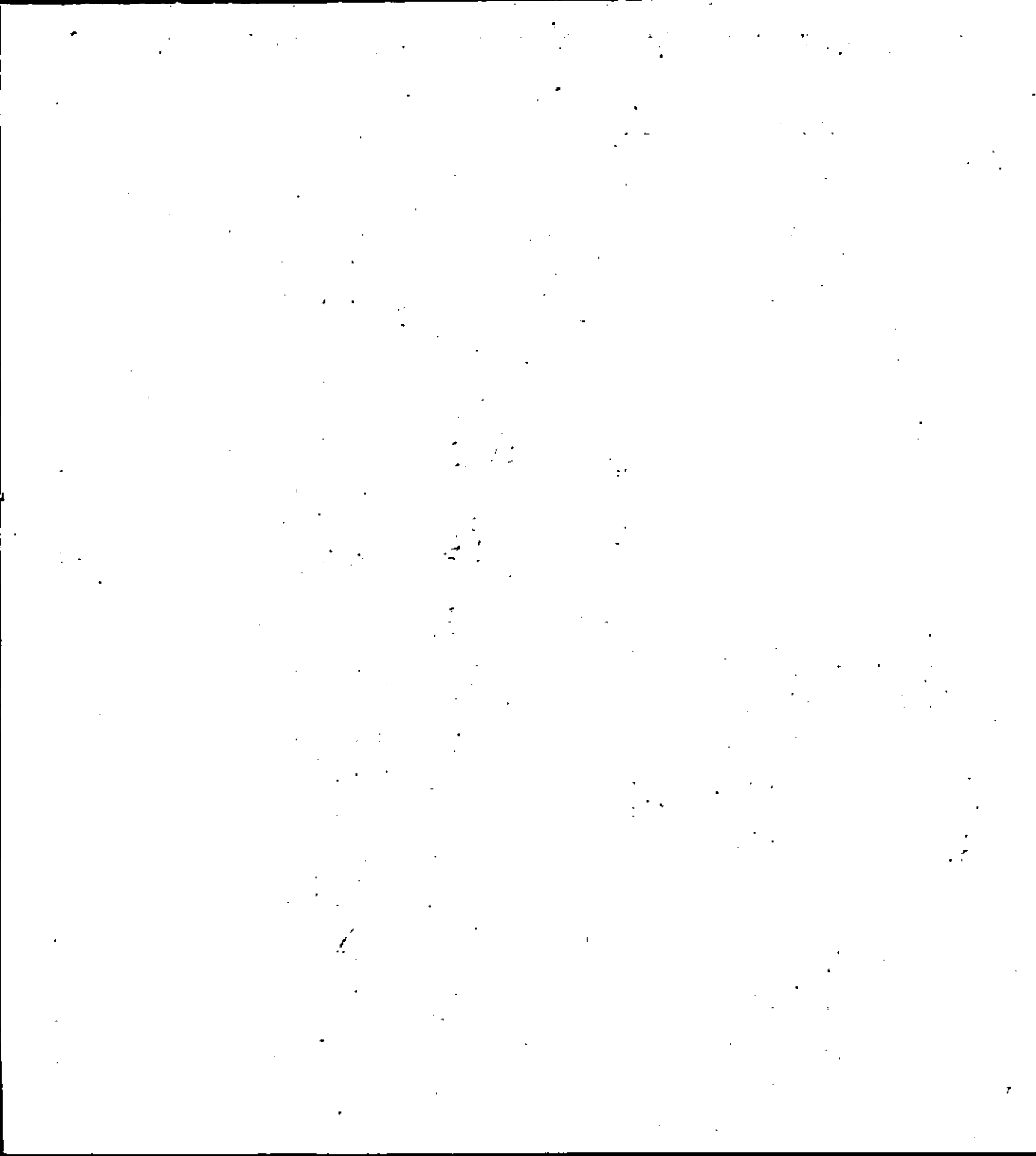
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify 1

(Signed) John O. Clark

(Address) Holeman - Mo



#2

Dunklin
Independence Mo

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Dorothy Mae Mason
Who died at _____ on Aug 2, 1937
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 4 Months _____ Days 12
Sex F Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 18 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: meningitis (cerebral spinal)

Epidemic

Other contributory causes of importance Infection

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Walter Davis Date filed Aug 13

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 288

Very truly yours,

E. T. McGaugh
M. M.

Special Agent.

Primary Reg. Dist. No. 5406

S-28848

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